

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Henry Ford Health System Government Affairs Services PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sears, Michele, Harrison, ,**

Mailing Address 1037 S 16th StPob 175

City

Au Gres

State

MI

Zip Code

48703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

Dir-Foundation Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2020

**Transaction ID : PR133616348338**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barkley, Gregory, , ,**

Mailing Address 2890 Burlington

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

Neurologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 31 / 2020

**Transaction ID : PR133695948338**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Croxton, Glenn, A., ,**

Mailing Address 787 Snowmass

City

Rochester Hills

State

MI

Zip Code

48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

Dir-Vendor Compliance & Procur

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2020

**Transaction ID : PR133696048338**

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00